10 | 817394

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10817394

_			<u>_</u>										
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN		
TOTAL CLAIMS			ir					RATE	FEE	7	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEI	+	OR	BASIC FEE		
TC	TAL CHARGE	ABLE CLAIMS	S mi	nus 20=	•			X\$ 9=		OR	XS18=		
INDEPENDENT CLAIMS			a m	inus 3 =	•		Ì	X43=		OR	X86=		
MULTIPLE DEPENDENT CLAIM P			RESENT					+145=	·	1	+290=		
• If	the difference	in column 1 is	less than z	ero, enter	"0" in c	olumn 2	<u> </u>	TOTAL	385	OR	TOTAL		
CLAIMS AS AMENDED - PART II (Column 1) II, IS, IL, 20 (Column 2) (Column 3)								SMALL		OR	OTHER SMALL I		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	EST BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NON	Total	- 1/	Minus	- 2	<u>)</u>	*		·X\$ 9=		OR	X\$18=		
AME	Independent	NTATION OF A	Minus	PENIDENT	<u>5</u>	-/		X43=	100	OR	X86=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=		
•								TOTAL	100 PO	OR	TOTAL ADDIT, FEE		
(Column 1) (Column 2) (Column 3)													
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NON	Total	• .	Minus	** .	•			X\$ 9=	,	OR	X\$18=		
AME	Independent	ATTATION OF MI	Minus	***	CL AULA	-		X43=		OR	X86=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=		
								TOTAL ODIT. FEE	, , ,	OR ,	TOTAL ADDIT. FEE		
		(Column 1)		(Colum		(Column 3)			. •				
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOI PAID F	ER USLY	PRESENT EXTRA		RATÉ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		8	F	X\$ 9=		OR	X\$18=	,	
AME	Independent	•	Minus	***		=		X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=		
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."							TOTAL DIT. FEE		OB F	TOTAL ODIT, FEE		
1	t the "Highest Nur The "Highest Num	mber Previously Pa ber Previously Pak	id For IN THI: I For (Total or	5 SPACE is Independer	less thar nt) is the	n 3, enter "3." highest number			ropriate box				

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